WID-LEEKS INVISORITIES Coreplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address as indicated unless corrected below an elected otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 24374 7590 05/20/2005 VOLPE AND KOENIG, P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. DEPT. ICC UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103 (Depositor's name Michael <u>Berman</u> (Signature June 2005 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/749,688 12/31/2003 John David Kaewell JR. I-2-0562.1US 2174 TITLE OF INVENTION: WIRELESS COUPLING OF STACKED DIES WITHIN SYSTEM IN PACKAGE APPLN. TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 08/22/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS HA, NATHAN W 2814 257-724000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Volpe and Koenig PAC (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or gents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 06/10/2005 CNGUYEN1 00000032 090435 1074968A (B) RESIDENCE: (CITY and STATE OR COUNTRY (A) NAME OF ASSIGNEE InterDigital Technology Corporation Wilming tom some lawa ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _______ (enclose an extra copy of this form). Advance Order - # of Copies Four 09-0435 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. June 6, 2005 Authorized Signature

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Typed or printed name Michael L. Berman

Registration No. 51,464

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 😝 of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe Effective on 12/08/2004. the Consolidated Appropriations Act, 2005 (H.R. 4818). Effective on 12/08/2004. Complete if Known Fees pursuant to the 10/749,688 **Application Number** FEE TRANSMITTAL Filing Date December 31, 2003 For FY 2005 John David Kaewell, Jr. First Named Inventor **Examiner Name** Nathan W. Ha Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2814 TOTAL AMOUNT OF PAYMENT (\$) 1,712.00 Attorney Docket No. I-2-0562.1US METHOD OF PAYMENT (check all that apply) Money Order Check L Credit Card None Other (please identify): Deposit Account Name: InterDigital Communications Corporation 09-0435 Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Junder 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 600 Reissue 300 150 500 250 300 200 100 0 0 Λ Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0.00 Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims = 0.00HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets Extra Sheets** 0.00 (round up to a whole number) x - 100 = /50 =Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Issue, Fee, Publication Fee, and Four (4) advance patent copies 1,712.00

| SUBMITTED BY | | | |
|-------------------|-------------------|--|------------------------|
| Signature | MBeman | Registration No. 51,464 (Attorney/Agent) | Telephone 215-568-6400 |
| Name (Print/Type) | Michael L. Berman | | Date June 6, 2005 |

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| TRANSMITTAL FORM | | 110 0010011 | Application Number 10/749 | | _ : | | |
| | | | Filing Date | Decem | ber 31, 2003 | | |
| | | | First Named Inventor | John D | avid Kaewell, Jr. | | |
| | | | Art Unit | 2814 | | | |
| (to be used for all correspondence after initial filing) | | Examiner Name | Nathar | athan W. Ha | | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 1-2-056 | 52.1US | | | |
| ENCLOSURES (Check all that apply) | | | | | | | |
| Amendm A Extension Express Informati Certified Documer Reply to Incomple | ise Attached inent/Reply inter Final infidavits/declaration(s) in of Time Request Abandonment Request on Disclosure Statement Copy of Priority int(s) Missing Parts/ ite Application Reply to Missing Parts inder 37 CFR 1.52 or 1.53 | | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C | e Address | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Form PTOL-85 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | |
| Firm Name VOLPE AND KOENIG, P.C. | | | | | | | |
| Signature | A | | | | | | |
| Printed name | Michael L. Berman | | | | | | |
| Date June 6, 2005 | | Reg. No. | 51,464 | | | | |
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Date

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